

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51	1	
2		1					52	1	
3		1					53	1	
4		1					54	1	
5		1					55	1	
6		1					56	1	
7		1					57	1	
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14	1	1					64		
15		1					65		
16	1	1					66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		2					71		
22		2					72		
23		2					73		
24		2					74		
25		2					75		
26		1					76		
27		1					77		
28	1						78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35		1					85		
36		1					86		
37		1					87		
38		1					88		
39		1					89		
40		1					90		
41		1					91		
42		1					92		
43		1					93		
44		1					94		
45		1					95		
46		1					96		
47		1					97		
48	1	1					98		
49		1					99		
50		1					100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		